

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590427

FILING DATE

30 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		1		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
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10		1		/		
11		1		/		
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16		1		/		
17		1		/		
18	/		/			
19	/		/			
20		1		/		
21		2		/		
22		1		/		
23		1		/		
24		1		/		
25		1		/		
26		1		/		
27		1		1		
28		1		1		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	31	←	30	←		←
TOTAL CLAIMS	35		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						